

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 7 2019

NEW HAMPSHIRE

415 903-2800 (415) 610-7604 e-mail reporting@politicomlaw.com	I. Name of Lobbyist(s)Ed l	eahy		DEPARTMENT OF STATE
(Name of partnership, firm or corporation) C/O Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965 Business Address: (Street) (Town/City) (State) (Zip Code) (415) 903-2800 (415) (Gax) (H15) 610-7604 e-mail reporting@politicomlaw.com (Fax) III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Adapt Pharma, Inc. (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 24, 2019 Reports cover: activity from date of registration to 3/31/19 October 30, 2019 activity from 10/1/19 to 6/30/19 activity from 10/1/19 to 6/30/19 activity from 10/1/19 to 1/21/19 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you have prior from 10/10/19 in	II. Name of lobbyist's partnersh	ip, firm or corporation, if a	iny:	- · · · · · · · · · · · · · · · · · · ·
C/O Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965 Business Address: (Street) (Town/City) (State) (Zip Code) (415) 903-2800 (415) 610-7604 e-mail reporting@politicomlaw.com (Telephone) (Fax) (Fax) III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). Adapt Pharma, Inc. (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 24, 2019 April 25, 2020 April 26, 2020 April 27, 2020 April 26, 2020 April 27, 202	Adapt Pharma, Inc.			
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	I have read RSA 15, RSA 15-B, F and properties to the best of my kn	RSA 14-C and RSA 664 and I	hereby swear or affirm that t	he foregoing information is true
(Print Name of Jobbyist)	Ed Leahy (Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Ed Leahy	
II. Name of lobbyist's partnership, firm or corporation, if any:	•
(Name of partnership, firm or corporation)	
III. Name of Client Adapt Pharma, Inc.	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 2,153.76
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 0.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 2,153.76
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a cer than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

d) Total expenses for this reporting period	d) \$ 0.00
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0.00</u>
f) Total of all expenses year to date	f) \$ 0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$ 0.00
	\$
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	\$
1	\$
	s
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	,
(Signature of lobbyist)	4/10/19
Ed Leahy	(Date)
(Print Name of lobbyist)	
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